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DEPT OF ECOLOGY

State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

FEE PAID

For Ecology Use

Fee Paid 10

Date 05 Aug 03

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name MEL REITZ - KIM REITZ Home Tel: (360) 435 - 4951
Mailing Address 22510 - 128TH DR. N.E. Work Tel: (360) 435 - 0932
City ARLINGTON State WA Zip +4 98223 + 6917 FAX: (360) 403 - 8577

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name _____ Home Tel: (____) ____ - ____
Mailing Address _____ Work Tel: (____) ____ - ____
City _____ State _____ Zip +4 _____ + _____ FAX: (____) ____ - ____
Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than TWENTY (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the
purpose(s) of RESIDENTIAL USE. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is
not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 1.30 ACRE- FEET

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be
needed:

From ____/____/____ to ____/____/____

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>ONE</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>36' X 25' DEEP</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the
nearest section corner: WELL IS LOCATED IN THE NORTH 400 FEET OF THE SOUTH 600 FEET OF THE WEST THIRD
48° 11' 96" N OF THE NORTHEAST QUARTER OF SOUTHEAST QUARTER OF SECTION 5, TOWNSHIP 31
122° 03' 40 W NORTH, RANGE 6 EAST.

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>N.E.</u>	<u>S.E.</u>	<u>5</u>	<u>T31N</u>	<u>R6E</u>	<u>SNODGRASS</u>			

For Ecology Use Date Received: 8/5/03 Priority Date: 8/5/03
SEPA: ☒ Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 8/5/03 By DOB Date Returned _____ By _____ WRIA: 5

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: DENGATE/REITZ WATER SYSTEM
- B. Briefly describe your proposed water system. (See instructions.)
ONE WELL - 3 EA 80 GALLON PRESSURIZED STORAGE TANKS
1 EA INT LINE NEUTRALIZER SYSTEM

SYSTEM HAS BEEN IN USE FOR OVER 25 YEARS
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION. SYSTEM IS REGISTERED IN SNOHOMISH COUNTY

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 3 Type of connection HOUSES
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 0
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- NONE AT THIS TIME.
- C. Total number of acres to be covered by this application: 7.5
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

INTERSTATE 5 TO EXIT 208. EAST ON SR 530 THROUGH ARLINGTON TO ARLINGTON HEIGHTS ROAD. EAST ON ARLINGTON HEIGHTS ROAD TO 128TH DR. N.E.. SOUTH ON 128TH DRIVE N.E TO 22510 - 128TH DR. N.E.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection ~~and monitoring~~ purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.


Applicant (or authorized representative)

06/14/2003
Date

SAME
Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).



